

## ACKNOWLEDGEMENT

### RECEIPT OF FEDERAL EMPLOYEES HEALTH BENEFITS AND FEDERAL EMPLOYEES GROUP LIFE INSURANCE

NAME (PRINT/TYPE)\_\_\_\_\_

SOCIAL SECURITY NUMBER\_\_\_\_\_

DATE OF HIRE:\_\_\_\_\_

I hereby acknowledge receipt of Health Benefits Brochures and Health Benefits Election Form (Standard Form 2809). I understand that if I desire health benefits coverage I have 60 days from the day I was appointed/converted to complete the registration form and return it to OTAG, ATTN: Human Resources Office (CAJS-HR); otherwise, I will be considered ineligible.

I also acknowledge that I am aware that under the Federal Employees Group Life Insurance Program. **I was automatically given Basic Life Insurance**, effective the day that I was appointed/converted. I have 31 days from the day I entered on duty to complete the Life Insurance Election (Standard Form 2817), otherwise, I will be entitled to the Basic Life Insurance Coverage and not be entitled to any Optional Life Insurance Coverage.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)